

**CRITERIA FOR PRIOR AUTHORIZATION**

Benlysta® (belimumab)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Belimumab (Benlysta)

**CRITERIA FOR BENLYSTA** Must meet all of the following:

- Patient must have a diagnosis of systemic lupus erythematosus (SLE)
- Patient must have a positive anti-nuclear antibody (ANA) or anti-DNA antibody test
- Patient must be taking at least one of the following SLE standard treatments
  - Corticosteroids
  - Antimalarials
  - NSAIDs
  - Immunosuppressives
- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with a rheumatologist
- Patient must not be receiving other biologic therapies, including B-cell targeted therapies concurrently
- Patient must not be receiving intravenous cyclophosphamide concurrently
- Patient must not be currently treated for a chronic infection
- Patient must not have had an anaphylactic response to a previous dose of belimumab

**LENGTH OF APPROVAL** 12 months